


| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2007</b><br><i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>  |            | Docket Number (Optional) 082871-000610US |          |  |            |                         |  |  |       |      |          |  |       |       |        |   |        |       |          |  |        |       |          |  |        |        |          |
|--|------------|--|----------|--|------------|-------------------------|--|--|-------|------|----------|--|-------|-------|--------|---|--------|-------|----------|--|--------|-------|----------|--|--------|--------|----------|
| Application Number 10/772,890  |            | Filed February 4, 2004                   |          |  |            |                         |  |  |       |      |          |  |       |       |        |   |        |       |          |  |        |       |          |  |        |        |          |
| For ANTI-VIRUS HYDROPHILIC POLYMERIC MATERIAL  |            |  |          |  |            |                         |  |  |       |      |          |  |       |       |        |   |        |       |          |  |        |       |          |  |        |        |          |
| Art Unit 1616  |            | Examiner Shelley A. Dodson               |          |  |            |                         |  |  |       |      |          |  |       |       |        |   |        |       |          |  |        |       |          |  |        |        |          |
| <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;"></th> <th style="width: 15%; text-align: center;"><u>Fee</u></th> <th style="width: 15%; text-align: center;"><u>Small Entity Fee</u></th> <th style="width: 30%;"></th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td style="text-align: center;">\$120</td> <td style="text-align: center;">\$60</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td style="text-align: center;">\$460</td> <td style="text-align: center;">\$230</td> <td style="text-align: center;">\$ 230</td> </tr> <tr> <td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td style="text-align: center;">\$1050</td> <td style="text-align: center;">\$525</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td style="text-align: center;">\$1640</td> <td style="text-align: center;">\$820</td> <td style="text-align: center;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td style="text-align: center;">\$2230</td> <td style="text-align: center;">\$1115</td> <td style="text-align: center;">\$ _____</td> </tr> </tbody> </table> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>20-1430</u>. I have enclosed a duplicate copy of this sheet.</p> <p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br/>Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>36,429</u></p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br/>Registration number if acting under 37 CFR 1.34 _____</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <br/> _____<br/> Signature </div> <div style="width: 45%; text-align: right;"> November 8, 2007<br/> _____<br/> Date </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> Randolph T. Apple, Reg. No. 36,429<br/> _____<br/> Typed or printed name </div> <div style="width: 45%; text-align: right;"> 650-326-2400<br/> _____<br/> Telephone Number </div> </div> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <p><input checked="" type="checkbox"/> Total of <u>1</u> form is submitted.</p> |            |  |          |  | <u>Fee</u> | <u>Small Entity Fee</u> |  | <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$120 | \$60 | \$ _____ | <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$460 | \$230 | \$ 230 | <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1050 | \$525 | \$ _____ | <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1640 | \$820 | \$ _____ | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2230 | \$1115 | \$ _____ |
|  | <u>Fee</u> | <u>Small Entity Fee</u>                  |          |  |            |                         |  |  |       |      |          |  |       |       |        |   |        |       |          |  |        |       |          |  |        |        |          |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))   | \$120      | \$60                                     | \$ _____ |  |            |                         |  |  |       |      |          |  |       |       |        |   |        |       |          |  |        |       |          |  |        |        |          |
| <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))   | \$460      | \$230                                    | \$ 230   |  |            |                         |  |  |       |      |          |  |       |       |        |   |        |       |          |  |        |       |          |  |        |        |          |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))  | \$1050     | \$525                                    | \$ _____ |  |            |                         |  |  |       |      |          |  |       |       |        |   |        |       |          |  |        |       |          |  |        |        |          |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))   | \$1640     | \$820                                    | \$ _____ |  |            |                         |  |  |       |      |          |  |       |       |        |   |        |       |          |  |        |       |          |  |        |        |          |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))   | \$2230     | \$1115                                   | \$ _____ |  |            |                         |  |  |       |      |          |  |       |       |        |   |        |       |          |  |        |       |          |  |        |        |          |